

EXHIBIT 10



Bank

America's Most Convenient Bank®

GENERAL BUSINESS RESOLUTION

Corporation ☒ Limited Liability Co (LLC) ☐ Partnership ☐ Unincorporated Association ☐ Sole Proprietor ☐

SARATOGA LIVONIA LLC

771 THOMAS BOYLAND STREET
BROOKLYN, NY 11212

Business Name (Including DBA if Applicable)

Address

RESOLVED, that the Financial Institution named above, at any one or more of its offices or branches, be and it hereby is designated as a Financial Institution of and depository for the funds of this Business, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies (including electronic orders) bearing the signature of, or as otherwise authorized by, any one (1) of the following officers, employees, members or agents of this Business ("Agents"), whose actual signatures are shown below:

Print Name	Signature
JOSEPH S NORTON	<input checked="" type="checkbox"/>
B. NOEL NORTON	<input checked="" type="checkbox"/>
THEMA T NORTON	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

FURTHER RESOLVED, that the depositor agrees to be bound by the terms of the applicable Deposit Account Agreement(s), as may be revised or amended from time to time.

FURTHER RESOLVED, that the Financial Institution may honor all such checks and other instruments for the payment or delivery of money or property when signed as authorized above, regardless of amount, including any payable to the Financial Institution or to any signor or other officer or employees of the corporation or to cash or bearer, and may receive the same in payment of or as security for the personal indebtedness of any signor or other officer or employee or other person to the Financial Institution or in any transaction whether or not known to be for the personal benefit of any such person, without inquiry as to the circumstances of their issue or the disposition of their proceeds, and without liability to the Financial Institution, and with obligation upon the Financial Institution to inquire whether the same be drawn or required for the corporation's business or benefit.

FURTHER RESOLVED, that any one (1) of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Business for deposit with the Financial Institution, or for collection or discount by the Financial Institution, and to accept drafts and other items payable at the Financial Institution.

FURTHER RESOLVED, that the Bank is authorized to conduct Debit Card/ATM Card transactions in accordance with Financial Institution's Visa Debit Card Application and Agreement for Businesses.

FURTHER RESOLVED, that the above named agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Business may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions.

FURTHER RESOLVED, that the authority hereby conferred upon the above named Agents shall be and remains in full force and effect until written notice of the revocation thereof shall have been delivered to and received by the Financial Institution at the location where an account is maintained and Financial Institution has had a reasonable period of time to act upon such notice.

I HEREBY CERTIFY, that the Agents, whose names and signature appear above, are hereby authorized to open and maintain a deposit account or accounts of the Business with the Financial Institution, subject to the terms and conditions in the applicable Account agreement(s), as may be amended from time to time.

I FURTHER CERTIFY that the persons named above occupy the positions set forth opposite their respective names and signatures; that the foregoing resolutions now stand of record on the books of the Business; that they are in full force and effect and have not been modified in any manner whatsoever.

For Corporations, in case the Secretary or other certifying officer is designated by the foregoing resolutions as one of the signing officers, this certificate should also be signed by a second Officer or Director of the Corporation.

B. JOSEPH S NORTON/NOEL NORTON	<input checked="" type="checkbox"/>
Print Name	Signature
Manager/ Member	09/21/2015
Title	Date



GENERAL BUSINESS RESOLUTION

Corporation ☒ Limited Liability Co (LLC) ☐ Partnership ☐ Unincorporated Association ☐ Sole Proprietor ☐


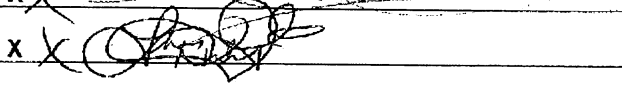
Saratoga Livonia LLC

771 Thomas Boyland Street
Brooklyn NY 11212

Business Name (Including DBA if Applicable)

Address

RESOLVED, that the Financial Institution named above, at any one or more of its offices or branches, be and it hereby is designated as a Financial Institution of and depository for the funds of this Business, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies (including electronic orders) bearing the signature of, or as otherwise authorized by, any one (1) of the following officers, employees, members or agents of this Business ("Agents"), whose actual signatures are shown below:

Print Name	Signature
Benjamin N Norton	X 
Thema Norton	X 
	X
	X
	X
	X

FURTHER RESOLVED, that the depositor agrees to be bound by the terms of the applicable Deposit Account Agreement(s), as may be revised or amended from time to time.

FURTHER RESOLVED, that the Financial Institution may honor all such checks and other instruments for the payment or delivery of money or property when signed as authorized above, regardless of amount, including any payable to the Financial Institution or to any signor or other officer or employees of the corporation or to cash or bearer, and may receive the same in payment of or as security for the personal indebtedness of any signor or other officer or employee or other person to the Financial Institution or in any transaction whether or not known to be for the personal benefit of any such person, without inquiry as to the circumstances of their issue or the disposition of their proceeds, and without liability to the Financial Institution, and with obligation upon the Financial Institution to inquire whether the same be drawn or required for the corporation's business or benefit.

FURTHER RESOLVED, that any one (1) of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Business for deposit with the Financial Institution, or for collection or discount by the Financial Institution, and to accept drafts and other items payable at the Financial Institution.

FURTHER RESOLVED, that the Bank is authorized to conduct Debit Card/ATM Card transactions in accordance with Financial Institution's Visa Debit Card Application and Agreement for Businesses.

FURTHER RESOLVED, that the above named agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Business may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions.

FURTHER RESOLVED, that the authority hereby conferred upon the above named Agents shall be and remains in full force and effect until written notice of the revocation thereof shall have been delivered to and received by the Financial Institution at the location where an account is maintained and Financial Institution has had a reasonable period of time to act upon such notice.

I HEREBY CERTIFY, that the Agents, whose names and signature appear above, are hereby authorized to open and maintain a deposit account or accounts of the Business with the Financial Institution, subject to the terms and conditions in the applicable Account agreement(s), as may be amended from time to time.

I FURTHER CERTIFY that the persons named above occupy the positions set forth opposite their respective names and signatures; that the foregoing resolutions now stand of record on the books of the Business; that they are in full force and effect and have not been modified in any manner whatsoever.

For Corporations, in case the Secretary or other certifying officer is designated by the foregoing resolutions as one of the signing officers, this certificate should also be signed by a second Officer or Director of the Corporation.

Benjamin N Norton/Thema Norton

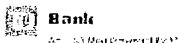
Print Name

X 
Signature

Manager / Member

Title

X 
Date



NEW BUSINESS ACCOUNT

REGIO: NYC Metro/Long Island (12) RC #: 5446 ACCOUNT NUMBER: 3311 IM 94004
TYPE OF ACCOUNT: TD Bus Convenience Plus Ckg TYPE CODE: 717
OPENED BY: Marsha N Spring DATE OPENED: 09/21/2015
BUSINESS NAME / MAILING ADDRESS: SARATOGA LIVONIA LLC
771 THOMAS BOYLAND STREET
BROOKLYN, NY 11212
TIN: 0010
LEGAL ADDRESS: (No PO Boxes)
771 THOMAS BOYLAND STREET
BROOKLYN NY 11212

Verification: If Existing Customer, Enter the RM Number: 0546
Account Relationship: Corporation or LLC-w/Signers

Additional Account Verification: ☒ Business/Entity Documentation: Formation Docs & Resolution

IMPORTANT INFORMATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. You, the undersigned, as authorized representative(s) of the business named above (the "Accountholder"), acknowledge receipt of the Business Deposit Account Agreement, Business Schedule of Charges and Business Fee Schedule which govern the Accountholder's accounts with TD Bank, N.A. (the "Bank"). Your signature below and the Accountholder's use of the account shall evidence the Accountholder's acceptance of and agreement to be bound by the terms and conditions as set forth in the Business Deposit Account Agreement, Business Schedule of Charges and Business Fee Schedule, and any Addenda thereto, as the same may be amended from time to time.

If you, the undersigned, are personally liable for the Accountholder's obligations with respect to the account (such as the Accountholder's principal(s), owner(s) or guarantor(s)), you hereby authorize the Bank to, from time to time, request consumer reports containing references about you from third parties, such as a consumer reporting agency, in connection with opening and maintaining the account. If the Bank declines or is otherwise unable to open a deposit account as a result of any information contained in such consumer report(s), the Bank will provide such notice containing data regarding the consumer reporting agency as required by applicable law.

This section does not apply to U.S. non-resident aliens. Under penalty of perjury, you, the undersigned, certify that:

- The number shown on this form is the Accountholder's correct taxpayer identification number (or the Accountholder is waiting for a number to be issued to the Accountholder); and
- The Accountholder is not subject to backup withholding because: (a) the Accountholder is exempt from backup withholding, or (b) the Accountholder has not been notified by the Internal Revenue Service (IRS) that the Accountholder is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Accountholder that the Accountholder is no longer subject to backup withholding; and
- The Accountholder is a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out Item 2 above if the Accountholder has been notified by the IRS that the Accountholder is currently subject to backup withholding because the Accountholder has failed to report all interest and dividends on the Accountholder's tax return or for any other reason. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellations of debt, contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide the Accountholder's correct TIN.

The Internal Revenue Service does not require your or the Accountholder's consent to any provision of this document other than the certifications required to avoid backup withholding.

Relationship Consent

☐ By checking this box and signing below, you, _____, authorize the Bank to use the balance from _____ (last 4 digits of account number), your personal checking account, to meet the balance requirement on the Accountholder's Business Convenience Checking Plus or Business Premier Checking account. See Business Deposit Account Agreement for details.

Authorized Representative(s)/Signer(s):

Signature
JOSEPH S NORTON
Printed Name

Date of Birth: 3296
TIN

Verification: Completed

If Existing Personal Customer, Enter the RM Number: 6284

Date Signed: 09/21/2015

Signature
THEMA T NORTON
Printed Name

Date of Birth: 2106
TIN

Verification: completed

If Existing Personal Customer, Enter the RM Number: 6822

Date Signed: 09/21/2015

Signature
B. NOEL NORTON
Printed Name

Date of Birth: 8637
TIN

Verification: Completed

If Existing Personal Customer, Enter the RM Number: 5551

Date Signed: 09/21/2015

Signature
Printed Name

Date of Birth: TIN

Verification:

If Existing Personal Customer, Enter the RM Number:

Date Signed:



Bank
America's Most Convenient Bank®

BUSINESS ACCOUNT MAINTENANCE

REGION: NYC Metro/Long Island (16) RC #: 5446 ACCOUNT NUMBER: 3311 IM
BANK REPRESENTATIVE: Marsha N Spring DATE FORM PRINTED: 12/20/2016

BUSINESS TYPE: Limited Liability Company

STATUS: Updating Authorized Signer(s)

ADD'L ACCOUNT*: _____

ADD'L ACCOUNT*: _____

* Must have the same titling; if not a separate form must be completed.

BUSINESS NAME / MAILING ADDRESS:

TIN:

Saratoga Livonia LLC

0010

LEGAL ADDRESS: (No PO Boxes)

771 Thomas Boyland Street

771 Thomas Boyland Street

Brooklyn NY 11212

Brooklyn NY 11212

BUSINESS PHONE: (718) 495-3738

☒ Updated Business Documentation Obtained (ATTACH TO FORM): General Business Resolution

IMPORTANT INFORMATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

If you, the undersigned, as authorized representative(s) of the business named above (the "Accountholder") are personally liable for the Accountholder's obligations with respect to the account (such as the Accountholder's principal(s), owner(s) or guarantor(s)), you hereby authorize the Bank to, from time to time, request consumer reports containing references about you from third parties, such as a consumer reporting agency, in connection with opening and maintaining the account. If TD Bank, N.A. (the "Bank") declines or is otherwise unable to open a deposit account as a result of any information contained in such consumer report(s), the Bank will provide such notice containing data regarding the consumer reporting agency as required by applicable law.

This section does not apply to U.S. non-resident aliens. Under penalty of perjury, you, the undersigned certify that:

1. The number shown on this form is the Accountholder's correct taxpayer identification number (or the Accountholder is waiting for a number to be issued to the Accountholder); and
2. The Accountholder is not subject to backup withholding because: (a) the Accountholder is exempt from backup withholding, or (b) the Accountholder has not been notified by the Internal Revenue Service (IRS) that the Accountholder is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Accountholder that the Accountholder is no longer subject to backup withholding; and
3. The Accountholder is a U.S. person (including a U.S. resident alien); and
4. The Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that the payee is exempt from FATCA reporting, is correct.

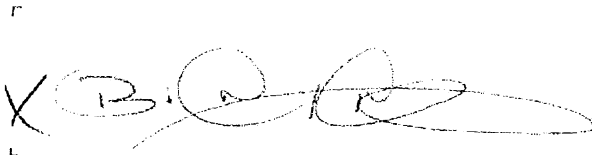
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The Internal Revenue Service does not require your or the Accountholder's consent to any provision of this document other than the certifications required to avoid backup withholding.

Relationship Consent

☐ By checking this box and signing below, you, _____, authorize the Bank to use the balance from _____ (last 4 digits of account number), your personal checking account to meet the balance requirement on the Accountholder's Business Convenience Checking Plus or Business Premier Checking account; See Business Deposit Account Agreement for details.

Authorized Representative(s)/Signers:



Signature

Benjamin N Norton

Printed Name

8637

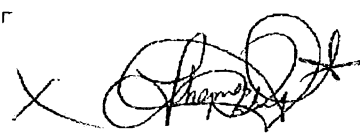
Date of Birth

TIN

Verification: Verification Completed

If Existing Personal Customer, Enter the RM Number: _____

Date Signed: 10/20/2016



Signature

Thema Norton

Printed Name

2106

Date of Birth

TIN

Verification: Verification Completed

If Existing Personal Customer, Enter the RM Number: _____

Date Signed: 10/20/2016

Signature

Printed Name

Date of Birth

TIN

Verification: Select

If Existing Personal Customer, Enter the RM Number: _____

Date Signed: _____

Signature

Printed Name

Date of Birth

TIN

Verification: Select

If Existing Personal Customer, Enter the RM Number: _____

Date Signed: _____